OFFICIAL FILE (LLINOIS COMMERCE COMMISSION

Has your complaint filed with that office been closed?

FORMAL COMPLAINT

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ILLINOIS COMMERCE COMMISSIC

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No

Illinois Commerce Commission 527 East Capitol Avenue Post Office Box 19280 Springfield, Illinois 62794-9280

CHIEF CLERK'S OFFIC For Commission Use Only: Regarding a complaint Illinois. TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: My mailing address is The service address that I am complaining about is 1320 My home telephone number is [949-5390 Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at 🔼 (respondent) is a public utility and is subject to the provisions ((Full name of utility company) the Illinois Public Utilities Act. In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with you complaint. Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about No this complaint?

| See accompanying | complaint | | | e a company de la company |
|---|--|-----------------------|---------------------------------------|---|
| | | | | |
| Please clearly state what you want the Commission to | o do in this case. | | | |
| Date: 3/21/00 (Month, day, and year) | | | , , , , , , , , , , , , , , , , , , , | \ <u></u> |
| Complainant's signature | | | | |
| You need to file the original and three copies of this feach utility complained about (referred to as respond | 312/c Fandation of My Floor, Chi form with the Commis | 949-5390 F Chicago | s 601ello | on one copy fo |
| | VERIFICATION | | | |
| A notary public must watch you fill out this part of th | e form. | | | |
| I,, first lit says. The contents of this petition are true to the be | being duly sworn, say est of my knowledge. | that I have read t | he above petition | and know what |
| (Signature) | | | | |
| Subscribed and sworn/affirmed to before me this | day of | | , 19 | |
| Notary Public, Illinois | | | | |
| NOTE: | | | | |
| Failure to answer all of the questions on this form may questions, please call the counselor in the Consumer | | | | ing. If you have |
| cc207/07 | | | | |

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.